

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

## OCT 1 7 2000

Ms. Charlotte B. Couécou Regulatory Affairs Manager Unilens Corp., USA 10431 72<sup>nd</sup> Street North Largo, FL 33777

Re: K002408

Trade Name: Unilens Axion Plus (Methafilcon A) Soft (Hydrophilic)

Aspheric Contact Lens

Regulatory Class: II Product Code: LPL Dated: August 1, 2000 Received: August 7, 2000

Dear Ms. Couécou:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

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This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-6413. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

A. Ralph Rosenthal, M.D.

Director

Division of Ophthalmic and Ear, Nose and Throat Devices Office of Device Evaluation Center for Devices and

Radiological Health

Unilens Corp., USA		
510(K) Number (if known) Device Name <u>AXION Plus (met</u>	K002408	rophilic) Aspheric Contact Lens
Indications for Use:		•
The AXION Plus (methafilcon A) Soft (hydrophilic) Aspheric Contact Lens is indicated for daily wear for the correction of refractive ametropia (myopia, hyperopia and astigmatism) and presbyopia in aphakic and/or not-aphakic persons with nondiseased eyes. The lens may be worn by persons who require up to 5.00 diopters of add and who exhibit astigmatism of up to 2.00 diopters that does not interfere with visual acuity. The lens must be disinfected using a chemical disinfection system.		
(Please do not write below this line - continue on another page if needed) Concurrence of CDRH, Office of Device Evaluation (ODE)		
Prescription Use x (Per 21 CFR 801.109)	OR	Over-the Counter Use
		(Optional Format 1-2-96)
(Division Sign- Division of Op 510(k) Number	hthalmic Devices	. •